

Preliminary Report of Accident



LWF

1. Accident Type: Fatal Injury		2. Accident Classification Machinery		3. Date/Time of Accident 12/03/2011 08:35 AM		4. Date/Time of Death 12/06/2011 04:14 PM		5. Fatal Case No 22											
6. Mine Information :																			
a) Mining Company Name Oxford Mining Co LLC			b) Mine Name Oxford Mining #3			c) Parent of Mining Company Charles C Ungurean													
7. Mine Location :			a) City New Lexington		b) County Perry		c) State OH		8. Mine ID Number: 33-04336		9. Union: NO								
10. Primary Mineral Mined: BITUMINOUS			11. Number of Mine Employees:		a) Total 56		b) Underground 56		c) Open Pit/Quarry		d) Mill/Prep Plant		e) Other						
12. Contractor Name:						13. Union		14. Contractor ID Number:											
15. Contractor Address:			a) City		b) County		c) State		d) Zip Code										
16. Number of Contractor Employees:			a) Total 6		b) Underground		c) Open Pit/Quarry 6		d) Mill/Prep Plant		e) Other								
17. Number of Persons in Mine at Time of Accident:						18. Number of Persons Unaccounted For:													
a) Mine Employees:			b) Contractor Employees:			a) Mine Employees:			b) Contractor Employees:										
19) Location of Accident			<input type="checkbox"/> 01-Underground			<input checked="" type="checkbox"/> 03-Open Pit			<input type="checkbox"/> 07-Advance Mining			<input type="checkbox"/> 30-Mill/Prep Plant			<input type="checkbox"/> Other (specify)			20. Mining Height:	
<input type="checkbox"/> 02-Surface at Underground			<input type="checkbox"/> 06-Dredge Mining			<input type="checkbox"/> 08-Retreat Mining			<input type="checkbox"/> 99-Office Facility						Feet		Inches		
21. Nonfatal Injuries: 1			22. Fatal Injuries:												3		4		
23. Victim Information :			a) Name Jeff Bishop			b) Age 57													
c) Regular Job Title: Dozer operator			d) Activity at Time of Accident: Benching						<input checked="" type="checkbox"/> Mine Employee										
24. Experience :			Years Weeks Days			Years Weeks Days			Years Weeks Days			Years Weeks Days							
a) Total:			18 0 3			b) at the mine: 16 40 0			c) at activity (23d) 3 26 0			d) with Contractor							
25. Autopsy Performed:			If Yes, Location						26. Mine Telephone No.:										
NO			Subject to determination by Coroner						(740) 342-7666										

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):

On Saturday, December 3, 2011, at approximately 8:35 a.m., a bulldozer operator was seriously injured when the bulldozer he was operating travelled over a highwall and fell approximately 90 feet to the pit below. The victim was in the process of clearing grubbing topsoil and preparing the area for the next shot. The victim was not wearing a seatbelt and was ejected from the bulldozer. The victim expired on December 6, 2011, as a result of the injuries sustained in this accident.

The information provided in this notice is based on preliminary data ONLY and does not represent final determinations regarding the nature of the incident or conclusions regarding the cause of the accident.

28. Equipment Manufacturer: Komatsu			29. Model: D475A					
30. District: C0300 Morgantown		32. Field Office: St. Clairsville OH			33. Event Number: 6264466			
34. Accident Investigator: Joedy Gutta		35. MSHA Person Notified: Michael Evanto			Date 12/03/2011		Time 08:50 AM	
36. Type of Report: Amended		37. Name of Preparer and Date Prepared: LS for Bob E. Cornett, DM			Date 12/08/2011			
38. Reason For Amendment: Victim expired.								